# SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF GEOMATICS

# CALLING APPLICATIONS FOR THE YEAR II SEMESTER II (2021/2022) PROPER EXAMINATION - NOVEMBER 2025

Year II Semester II (2021/2022) Proper Examination of the Faculty of Geomatics has been scheduled to be held in November 2025. Accordingly, the Students of the Faculty who are required to sit for the relevant examinations are advised to submit their applications as per instructions given below.

#### 01. ISSUING APPLICATION FORMS

Applications should be submitted on prescribed forms obtainable from the **Dean's** office of the faculty. Forms will be issued on 18<sup>th</sup> September, 2025 between 9.00 a.m. to 12.00 noon and from 1.30 pm to 3.30 pm.

#### 02. SUBMISSION OF COMPLETED APPLICATION FORMS

Students of the Faculty should handover their duly filled application forms to the Examination Branch on 24<sup>th</sup> September, 2025 between 9.00 a.m. to 12.00 noon and from 1.30 pm to 3.30 pm.

N. B. - Students' Record Books should be produced when applications are handed over. Only the students who have valid registration for the relevant academic year are eligible to apply for the examination.

#### 03. LATE APPLICATIONS

Late applications will only be accepted up to 26th September, 2025 with a fine of Rs. 15/- per day paid to the bank. Any application will not be accepted under any circumstances thereafter.

#### 04. FILLING IN THE APPLICATION FORMS

It is the responsibility of the candidates to enter all subjects (Title of Question Papers with Code Numbers) clearly in the application form. Heads of Departments may be consulted with regard to any clarification in completing the application forms.

### 05. WITHHOLDING OF EXAMINATION RESULTS

Results of those students who have not paid hostel fees, charges for damages done to the University property and of those who have not returned sports equipment and library books etc. will be withheld. Students are therefore advised to get clearance for the above payments before applications are submitted for any examination.

Senior Assistant Registrar / Examinations

15.09.2025

CC: 01. Dean/Faculty of Geomatics

02. Librarian

03. All Heads of Departments / Faculty of Geomatics

04. Senior Assistant Registrar/Academic & Students' Services

05. Assistant Registrar/Faculty of Geomatics - Please make necessary arrangements to issue the applications.

## **Proper**

FOR	OFF	ICE	USE	<b>ONLY</b>	•

Index No.: .....

## SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF GEOMATICS BACHELOR OF SCIENCE HONOURS IN SURVEYING SCIENCES YEAR II SEMESTER II EXAMINATION (November - 2025)

### **PROPER EXAMINATION APPLICATION FORM**

01.	Registration No :	Index No	· · · · · · · · · · · · · · · · · · · ·					
02.	i. Full Name (In English Block Letters) :							
	ii. Name denoted by Initials :							
03.	Please state the subject/subjects that you expect to offer for the Examination.							
	SUBJECTS	SUBJECT CODE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.					
i.	AC Theory and Circuits	FC 22211						
ii	Advanced CAD for Surveyors	FC 22213						
iii.	Differential Equations and Mathematical Methods	FC 22226						
iv.	Engineering Surveying	FC 22130						
V.	Fundamentals of Satellite Based Positioning and Navigation	FC 22238						
vi.	Geodetic Astronomy	FC 22239						
vii.	Land Surveying Practical IV	FC 22547						
viii.	Optical Remote Sensing	FC 22351						
ix.	Philosophy and Critical Thinking	FC 22153						
X.	Web Based Developing Techniques	FC 22362						

04.	State whether Mr. / Ms.		*************				,
05.	Permanent Address:	••••••				•••••	
			,				
				**********	• • • • • • • • • • • • • • • • • • • •		
			••••		••••••		
06.	Address during the peri-	od of Examinati	on :				
			• • • • • • • • • • • • • • • • • • • •				
						•••••	
07.	Contact Number			***************************************		******	
08.	Date of admission to the	University	<b>:</b>			•••••	
09.	Have you been register	ed for this year	:				
	Give date of payment o	f registration fee	s for the cours	se	:	• • • • • • • • • • • • • • • • • • • •	***************************************
10.	Have you postponed sit any other reasons? If so			ue to illness	(supported	by Medical 6	Certificate) or
11.	Amount of fees paid. (fo	or the first time n	eed not pay e	xamination f	fees).		
	Amount::						
	Date of payment & rece	ipt No. :	•••••				
	fy that the above information given above is incor		m aware tha	at my appli	cation shall	be rejected,	if any of the
Date:					Signat	ure of Candida	ate.